

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

08 FEB -5 AM 9: 24

SECRETARY OF STATE

NECETVEL 2008 FEB - 5 AM 8: OC SECRETARY OF STATE FALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

OCEANSIDE FT. LAUDERDALE, INC.

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EMPIRE CORP KIT

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OCEAN BIOLE FT. LANCER DATE, IN C.
2. The principal office address: 401 S. Fr. LANDER dale Beach BID FT. LANDER DAIE, F1. 333/6
FT. LANDER DATE, F1. 333/6
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/19/2005 Document number: POSODO 128998
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HAMUY, NEIL .
HAMUY, NEIL 4018. Fr. Landendele Beach BIND & SE
Fr. Laudes dale, Fl. 333/6
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Letter Property Property
4045 N.W. 16 STREET Suite !!!
FT. LANdER GAR, Fl. 33313
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature or un officer or director) Sh/s No Bi Tow Res / Din / Owwer (Pfinted or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been natified in writing of this change.
Date)
If signing on behalf of an entity: ETER PRIST
(Typed or Printed Nums) * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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